

**INSTRUCTIONS:** Pages 1 and 2 of this application should be completed using this electronic document. The narrative should be created using a separate document. Mail or deliver the original and three copies of the complete application, including the signed assurances, narrative, and attachments to: Office of School Improvement, Michigan Department of Education, PO Box 30008, Lansing, MI 48909. Also, email the completed pages 1 and 2 of this application as an attachment to [MarshH@michigan.gov](mailto:MarshH@michigan.gov).

**CHECK THE APPROPRIATE BOX:**

<input type="checkbox"/> For Profit Company Organization	<input type="checkbox"/> Local School District	<input type="checkbox"/> Community-Based
<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Public School Academy	<input type="checkbox"/> Private School
<input type="checkbox"/> Institution of Higher Education Organization	<input checked="" type="checkbox"/> Intermediate School District	<input type="checkbox"/> Faith-Based

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**Section 1: Provider Identification**

**Name of Entity** St. Clair County Regional Educational Service Agency

**Name of Director** Dan DeGrow, Superintendent

**Address** 499 Range Road, P.O. Box 1500 **City** Marysville **State** MI **Zip** 48040

**Phone** 810.364.8990 **Fax** 810.364.7474 **Email** ddegrow@sccresa.org

**Proposed Location of Services** (if different from above):

**Address** See geographic service area information **City** \_\_\_\_\_ **State** MI **Zip** \_\_\_\_\_

If different from Director:

**Name of Contact Person** Ilene MacDonald

**Address** 499 Range Road, P.O. Box 1500 **City** Marysville **State** MI **Zip** 48040

**Phone** 810.364.8990 **Fax** 810.364.7474 **Email** imacdonald@sccresa.org

**Section 2: Provider Geographic Service Area Information**

**1. Our organization can provide services to:**

All local school districts/PSAs in Michigan: Yes ☐ No ☒

To only the following areas: (Please list the counties or local school districts/PSAs you are willing to serve)

All public school buildings within the following St. Clair County school districts:

Algonac Community Schools, Capac Community Schools, East China School District,  
Marysville Public Schools, Memphis Community Schools, Port Huron Area School  
District, Yale Public Schools.

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**2. Proposed Location of Services** – Provide addresses for the locations where you plan to deliver SES services to students:

Site Location #1: Service will be provided at identified school buildings within the above-noted geographic service area.

Site Location #2: \_\_\_\_\_

Site Location #3: \_\_\_\_\_

**3. Transportation** – Provide information about accessibility to public transportation from your site:

Because services will be provided at the student's school, transportation is not required.

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**4. Indicate if you are willing to provide services to eligible students at the school site:**

Yes ☒ No ☐

### **Section 3: Provider Academic/Instructional Program Information**

**1. Subject Areas Covered** – List all subject areas you address in working with students:

Reading (language arts) and mathematics.

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**2. Grade Level Able to Serve** – Indicate the grade levels you are able to serve: K-8

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**3. Time of Services** – Indicate when you deliver services to students:

☐ Before School    ☒ After School    ☐ Weekends    ☒ Summer    ☐ Other \_\_\_\_\_

**4. Mode of Instructional Delivery** – Describe the methods by which your program delivers instruction to students:

☐ Individual Tutoring    ☒ Small Group Instruction    ☐ Large Group

Instruction

☒ Online Web-Based    ☐ Other \_\_\_\_\_

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**5. Schedule of Services** – Indicate the length of each tutoring session and number of sessions per week:

Length of Session: 60-90 minutes (age dependent) \_\_\_\_\_

Number of Sessions per Week: 2-4 (age dependent)

**6. Staffing** – Indicate the type(s) of staff that provide instruction to students:

☒ Certified Teachers    ☐ Paraprofessionals    ☐ Volunteers    ☐ Other \_\_\_\_\_

**7. Special Populations Served** – Indicate special populations you are able to serve:

☐ Special Education    ☒ Limited English Proficient    ☐ Other \_\_\_\_\_

#### **Section 4: Provider Fees**

**Cost/Fee Structure** – Check and complete the cost/fee structure you use:

☒ \$ \_\_\_\_\_ per \_\_\_\_\_ (unit of time, e.g., hour, week, etc.) per student.

☐ \$ \_\_\_\_\_ (flat fee) for \_\_\_\_\_ (unit of time, e.g., month, semester, year) per student.

Individual student/session cost is based on group size, program length, number of special population students, etc. but will not exceed the individual per student allocation.